MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10721693 FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29	1					
30	1					
31		1				
32		1				
33		1				
34		3				
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.						
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51		2				
52		2				
53		3				
54		3				
55		3				
56		3				
57		3				
58		3				
59		3				
60		3				
61		3				
62		3				
63		3				
64		3				
65		3				
66		3				
67		3				
68	1					
69	1					
70	1					
71		3				
72		3				
73		3				
74		3				
75		3				
76		3				
77		3				
78		3				
79		3				
80		3				
81		3				
82		2				
83		3				
84		3				
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	161	←		←		←
TOTAL CLAIMS	168					